TUBERCULOSIS CONTACT INVESTIGATION FORM

Index Patient:	**Date of Birth:**
Name & Agency of person completing form:	

Information on the person exposed:

Last Name:	**First Name:**	**MI:**
Date of Birth:	**Sex:** ☐ **M** ☐ **F**	**Occupation:**
Address:		
City:	**County:**	**Zip Code:**
Day Phone:	**Evening Phone:**	

Race: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American

(mark all that apply) ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Race not otherwise specified

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Ethnicity not otherwise specified

Type of Contact: ☐ Household ☐ Occupational ☐ Recreational
☐ Other (please specify) _____

Length/Intensity of Contact _____ hours per day **Last Contact with Active Case: _____/_____/_____**

Status of Patient Notification:

☐ Notice mailed by Local health Department
☐ Notified by phone or in person by Local Health Department
☐ Notice mailed by private MD
☐ Notified by phone or in person by private MD
☐ Notified by source case or other contact
☐ Reported self to local health department
☐ Left jurisdiction, information forwarded
☐ Left jurisdiction, new address unknown
☐ All attempts to notify were unsuccessful

Evaluation By:

☐ Local Health Department ☐ Private Physician's Office ☐ Other _____ ☐ No evaluation to date

Evaluation Status:

☐ Evaluation completed ☐ Evaluation not initiated, no response by patient ☐ Evaluation not initiated, unable to locate
☐ Evaluation in progress ☐ Evaluation not initiated, patient refused ☐ No evaluation required for this disease
☐ Evaluation initiated, patient lost to follow up

Infection/Disease Status:

☐ Infection confirmed ☐ Not infected/diseased to date ☐ Past positive infection/disease, no treatment history
☐ Disease confirmed ☐ Status can not be determined ☐ Past positive for infection/disease, treatment complete

Prophylactic treatment or Post-exposure Prophylaxis Status (PT/PEP)

☐ No PT/PEP to date ☐ PT/PEP Rx'd, discontinued, child not infected ☐ PT/PEP Rx'd, patient died during treatment
☐ Not applicable ☐ PT/PEP Rx'd discontinued by physician ☐ PT/PEP Rx'd, patient moved during treatmen
☐ PT/PEP completed ☐ PT/PEP Rx'd discontinued, pregnancy ☐ PT/PEP Rx'd, patient refused treatment
☐ PT/PEP Rx'd, treatment continues ☐ PT/PEP Rx'd, discontinued, adverse reaction to medications
☐ PT/PEP Rx'd, discontinued, patient non-compliant

TB Skin Test Information

	Date Planted	**Date Read**	**mm induration**
Previously Documented Skin Test			
First TB Skin Test			
8-10 week follow up TB Skin Test			

Comments: